County: Wood EDGEWATER HAVEN NURSING HOME 1351 WISCONSIN RIVER DRIVE PORT EDWARDS 54469 Phone: (715) 885-8300 Operated from 1/1 To 12/31 Days of Operation: 366 Operate in Conjunction with Hospital? No Number of Beds Set Up and Staffed (12/31/00): 114 Total Licensed Bed Capacity (12/31/00): 129 Number of Residents on 12/31/00: 102 Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? County Skilled No Yes Average Daily Census: 104 ******************************

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00	%				
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	 %	Age Groups	% 	Less Than 1 Year 1 - 4 Years	38. 2 38. 2
Supp. Home Care-Household Services	No	Developmental Disabilities	2. 0	Under 65	6. 9	More Than 4 Years	23. 5
Day Services	No	Mental Illness (Org./Psy)	37. 3	65 - 74	10.8		
Respite Care	Yes	Mental Illness (Other)	1.0	75 - 84	34. 3		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	40. 2	*************	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	6. 9	95 & 0ver	7.8	Full-Time Equivale	
Congregate Meals	No	Cancer	2. 9			Nursing Staff per 100 l	lesi dents
Home Delivered Meals	No	Fractures	2. 0		100. 0	(12/31/00)	
Other Meals	Yes	Cardi ovascul ar	3. 9	65 & Over	93. 1		
Transportation	No	Cerebrovascul ar	8. 8			RNs	17. 2
Referral Service	Yes	Di abetes	5. 9	Sex	%	LPNs	5.8
Other Services	Yes	Respi ratory	2. 0			Nursing Assistants	
Provi de Day Programmi ng for		Other Medical Conditions	27. 5	Male	29. 4	Aides & Orderlies	52. 0
Mentally Ill	No			Female	70. 6		
Provi de Day Programming for			100. 0				
Developmentally Disabled	No				100. 0		

Method of Reimbursement

	Medicare (Title 18)			Medicaid (Title 19)			Other Pr		Private Pay		 [Managed Care			Percent		
			Per Die	m		Per Die	m		Per Die	m		Per Dien	1	Ĭ	er Diem	Total	Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	1	20. 0	\$240. 74	3	4. 3	\$115.64	0	0. 0	\$0.00	1	3. 6	\$139.00	0	0. 0	\$0.00	5	4. 9%
Skilled Care	4	80. 0	\$240.74	62	89. 9	\$98. 39	0	0.0	\$0.00	24	85. 7	\$133.00	0	0.0	\$0.00	90	88. 2%
Intermedi ate				4	5.8	\$81. 13	0	0.0	\$0.00	3	10. 7	\$122.00	0	0.0	\$0.00	7	6. 9%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj		0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	it 0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Total		100.0		69	100. 0		0	0.0		28	100.0		0	0.0		102	100.0%

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Condi ti	ons, Servi ces	, and Activities as of 1	12/31/00
beachs builing kepoteting terrou)		9/	Needi ng		Total
Percent Admissions from:		Activities of	%		sistance of	% Totally	Number of
Private Home/No Home Health	8. 0	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	9. 3	Bathi ng ``	6. 9		40. 2	¹ 52. 9	102
Other Nursing Homes	3. 3	Dressi ng	16. 7		41. 2	42. 2	102
Acute Care Hospitals	75.3	Transferri ng	25. 5		41. 2	33. 3	102
Psych. HospMR/DD Facilities	0.0	Toilet Use	24. 5		26. 5	49. 0	102
Reĥabilitation Hospitals	0.0	Eating	69. 6		3. 9	26. 5	102
Other Locations	4. 0	********************	******	******	*****	*******	******
Total Number of Admissions	150	Continence		%	Special Trea		%
Percent Discharges To:		Indwelling Or Externa		8. 8		Respiratory Care	4. 9
Private Home/No Home Health	27. 9	Occ/Freq. Incontinent		52. 9		Tracheostomy Care	0. 0
Private Home/With Home Health	20.8	Occ/Freq. Incontinent	of Bowel	41. 2	Recei vi ng	Sucti oni ng	0. 0
Other Nursing Homes	1. 9					Ostomy Care	5. 9
Acute Care Hospitals	6. 5	Mobility_	_		Recei vi ng	Tube Feeding	4. 9
Psych. HospMR/DD Facilities	0.0	Physically Restrained	i	15. 7	Recei vi ng	Mechanically Altered Die	ets 31.4
Rehabilitation Hospitals	0. 0						
Other Locations	10. 4	Skin Care				nt Characteristics	
Deaths	32. 5	With Pressure Sores		1.0		ce Directives	86. 3
Total Number of Discharges		With Rashes		3. 9	Medications		
(Including Deaths)	154				Recei vi ng	Psychoactive Drugs	53. 9

	Ownershi p:		Bed	Si ze:	Li ce	ensure:			
	Thi s Gov		ernment	100-	100- 199		Skilled		
	Facility	Peer Group		Peer	Group	Peer Group		Faci l	ities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	80. 6	86. 7	0. 93	86. 4	0. 93	87. 0	0. 93	84. 5	0. 95
Current Residents from In-County	96. 1	58. 7	1.64	79. 8	1. 20	69. 3	1. 39	77. 5	1. 24
Admissions from In-County, Still Residing	23. 3	28. 8	0. 81	23. 8	0. 98	22. 3	1. 04	21. 5	1.09
Admissions/Average Daily Census	144. 2	57. 6	2. 50	109. 7	1. 31	104. 1	1. 39	124. 3	1. 16
Discharges/Average Daily Census	148. 1	61.8	2. 40	112. 2	1. 32	105. 4	1.40	126. 1	1. 17
Discharges To Private Residence/Average Daily Census	72. 1	17. 2	4. 20	40. 9	1. 76	37. 2	1. 94	49. 9	1.45
Residents Receiving Skilled Care	93. 1	82. 5	1. 13	90. 3	1.03	87. 6	1.06	83. 3	1. 12
Residents Aged 65 and Older	93. 1	88. 2	1.06	93. 9	0. 99	93. 4	1.00	87. 7	1.06
Title 19 (Medicaid) Funded Residents	67. 6	80. 0	0.85	68. 7	0. 99	70. 7	0. 96	69. 0	0. 98
Private Pay Funded Residents	27. 5	16. 8	1. 63	23. 2	1. 18	22. 1	1. 24	22. 6	1. 21
Developmentally Disabled Residents	2. 0	0. 9	2. 29	0. 8	2. 53	0. 7	2. 75	7. 6	0. 26
Mentally Ill Résidents	38. 2	48. 7	0. 78	37. 6	1.02	37. 4	1. 02	33. 3	1. 15
General Medical Service Residents	27. 5	17. 6	1. 56	22. 2	1. 24	21. 1	1. 30	18. 4	1.49
Impaired ADL (Mean)	56 . 3	43. 1	1. 31	49. 5	1. 14	47. 0	1. 20	49. 4	1. 14
Psychological Problems	53. 9	59 . 3	0. 91	47. 0	1. 15	49. 6	1.09	50. 1	1.08
Nursing Care Required (Mean)	6. 5	7. 2	0. 90	7. 2	0. 90	7. 0	0. 92	7. 2	0.91